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**CHOWAN EDUC 225 - CLIENT DATA SHEET**

Please save as a word document and email.

**STEP 1: GENERAL INFORMATION**

**Date**: \_\_\_\_\_\_\_\_\_   **SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   

**Name**: Last \_\_\_\_\_\_\_\_\_\_\_\_\_     First \_\_\_\_\_\_\_\_\_\_\_\_\_      Middle \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: Month \_\_\_\_\_\_\_\_   Day \_\_\_\_    Year \_\_\_\_\_\_

**Ethnicity**: \_\_\_\_ **H**-Hispanic **N**-Non-Hispanic (Choose One)

\_\_\_\_ **AA**-African-Amer **AI-**Amer Indian **AS**-Asian **PI**-Pacific Islander **W**-White  (Choose One)

**Gender**: Male ☐      Female ☐     **I have a 4-year Degree**: Yes ☐     No ☐

**Address**: Street/Apt. # PO Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_ State \_\_ Zip \_\_\_

**Home Phone**: (\_\_\_)\_\_\_\_-\_\_\_\_\_  **Cell**: (\_\_\_)\_\_\_\_-\_\_\_\_\_  **Work**: (\_\_\_)\_\_\_\_-\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Retype Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School System**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Position Held**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade Taught: \_\_\_\_\_\_** **Subject**: \_\_\_\_\_\_\_\_\_\_\_

**STEP 2:  COURSE INFORMATION**

**Course:** Prefix  EDUC     Number  225   Section A

**Course Title**: LATERAL ENTRY INDUCTION

**University**: Chowan University **Course Site**: Online and School System **Term/Year:** Fall 2013

**STEP 3: PURPOSE FOR TAKING THIS COURSE**

Clear Lateral Entry Licensure Status in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (licensure area)

**My "plan of study" (list of needed courses) comes from**: (choose one)

Regional Alternative Licensure Center   **☐**College or University ☐    No Plan of Study Yet ☐

**STEP 4:  SCHOOL SYSTEM AUTHORIZATION**

Payment: The $600 for this course must be paid to Chowan University from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA

School System Authorization (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_

Ideal Start Date for this Teacher is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 5:  STUDENT AGREEMENT – to be completed by the client/student.**

I give the university from which I have taken courses, school system and NC Department of Public Instruction, permission to release my total educational, licensure and employment records to Chowan University.

**I (full name of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**accept the provisions of this form and course. Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed, school system BT Coordinator will email to: [tinkhb@chowan.edu](mailto:tinkhb@chowan.edu) and mail tuition to the address below:

For information contact: Brenda Tinkham, Dean – School of Education

Chowan University

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Murfreesboro, NC 27855

252-398-6304

[tinkhb@chowan.edu](mailto:tinkhb@chowan.edu)